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KENT COUNTY COUNCIL.

EDUCATION COMMITTEE

LONDON SCHOOL OF HYGIENE * TROPICAL MEDICINE
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ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the Year 1950

BY

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School Medical Officer

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HEALTH DEPARTMENT,
COUNTY HALL,
MAIDSTONE.

October, 1951.

To the Chairman and Members of the Kent Education Committee

In presenting my annual report on the School Health Service during 1950, I feel it appropriate to draw attention to certain statistics and to compare them with those for the previous years. I do this because they appear to me to provide evidence of a general improvement in the physical standard of well-being of the children which is clearly the primary objective of the service and to which matters of administrative machinery and working methods should properly take second place.

The table of figures on " General Condition of the Pupils " shows that the numbers of children included in the categories " Good " and " Fair " continue to increase and the proportion in the " Poor " classification showed a further decline ; the figure (6.5%) being the lowest recorded since the present standards of assessment were adopted. Of 76,657 children who underwent routine medical inspection during the year, 13,468 or 17.6% were found to be suffering from defects requiring medical treatment as compared in 1949 with 12,853 or 18.9% out of a total of 68,012 children inspected in that year and 14,713 or 20.3% out of a total of 72,492 in 1948. These figures, which deal both with major and minor defects, provide evidence of the value of the system of routine medical inspection.

It will also be seen that there was a considerable reduction in the number of children found to be unclean, 5,344 as against 7,046 in 1949 and 7,909 in 1948, and that in only six cases was it necessary for compulsory cleansing to be done.

It seems therefore a reasonable assumption that social conditions still continue to improve and that in addition to the factors already described this improvement is, I believe, aided by the school meals and milk service and the general improvement in the level of education on matters of health and social conduct.

The report on the Child Guidance Service shows that an increasing number of children are being sent for investigation and treatment, which poses the question as to the effect on children and parents of the complications, strains and stresses of modern civilisation. No conclusion can, however, be justified as this is a comparatively newly developed service and the increase in its use may well be due to growing awareness of its value and the fact that expansion of the services available has enabled more children to be dealt with from the far too long waiting lists. This is, indeed, supported by the fact that steadily increasing numbers of children are being sent by the Courts for advice and assistance as to their treatment and future welfare. While, therefore, it is not yet possible to make any categorical statement one way or another on this important aspect of the children's development, it is a matter that must be kept under close review in future years, and evidence of the necessity for the closest liaison between all sections of the school health service and indeed of the entire health services of the country, be they provided by the Education Authority, the hospital or the general practitioner.

In this connection, it should be reiterated that there is every wish to secure and enhance this liaison on the part of the School Health Service itself and to ensure that the division of responsibility between different authorities shall not be allowed to be a barrier to the detriment of the children in any avoidable way. Every encouragement is given, for example, to Assistant County Medical Officers to maintain close contact with general practitioners and it has been agreed that children should not, in general, be sent for specialist opinion or treatment except with the prior knowledge and consent of the child's family doctor.

Close relations with the hospital service are being assisted by an extension of the scheme whereby certain Assistant County Medical Officers are given the opportunity of acting as clinical assistants in the paediatric department of some hospitals in the County. It is hoped that it may be possible to continue to expand this scheme to the fullest possible extent and that it might prove

practicable ultimately to make reciprocal arrangements so that medical officers in each service would have an opportunity of gaining experience in the other. I cannot, however, refrain from pointing out the obvious advantages in avoiding overstaffing and use of available manpower, resources and money if, in place of the present method of management of the National Health Service, one administrative body was substituted for the present three.

A further point which arises is the supply of information as to the diagnosis and treatment of school children who are receiving this outside the school service. In many cases such information has a direct bearing on their needs in the educational field, particularly for those children who are suffering from handicaps which make the provision of special facilities necessary. From some hospitals the fullest information and assistance is received but, on the whole, this is a matter which does give cause for disappointment and I should like to see a bigger appreciation by hospital staffs of the importance to children of ensuring that everything is done to assist them to get the maximum possible benefit from the educational facilities available to them. It is, of course, appreciated that the hospital staffs have a heavy burden upon them and there is no wish to increase it by asking for unnecessary reports and returns of a routine nature.

The greatest need in the Committee's own services continues to be for further places in residential special schools for all categories of handicapped children, the waiting lists for which are still a source of considerable anxiety. One of the urgent needs is for a hostel for maladjusted children into which they could be taken for a period of observation and treatment while attending at the ordinary schools. Such a hostel would not only meet a matter of clinical need, but would prove a practical economy in that it is now necessary to send children to residential special schools for the maladjusted at a much greater cost.

There have been, during the year under review, few major changes in the services provided other than the appointment referred to in the Senior Dental Officer's report of the first Dental Hygienist to the County staff. This is a development of some importance in that it makes it possible for the simpler and more routine tasks of scaling and polishing and of dental education to be carried out by someone of lesser qualifications, leaving the dental surgeons free to give more time to their essential work which the difficulties in recruitment make imperative. It is, however, necessary to say that the employment of dental hygienists on a larger scale cannot fill the gap caused by the shortage of dental surgeons in the local authority field.

I am happy once again to be able to record my appreciation and thanks to the Members of the Committee for their continued interest and support, as also to the teaching staffs of the schools, upon whom many tasks are inevitably placed, and to the members of the staff of the department for their loyal assistance.

A. ELLIOTT,

School Medical Officer.

REPORT OF THE SCHOOL MEDICAL OFFICER
on the
HEALTH of the SCHOOL CHILD
for the Year Ended 31st December, 1950

General Information.

Particulars relating to schools etc.. in the area of the Education Committee on 31st December, 1950 :—

Estimated population of the Administrative County (at the middle of 1950)	1,536,770
Number of Primary School departments	659
Number of pupils on the roll	118,972
Number of Secondary Schools	118
Number of pupils on the roll	52,782
Number of Grammar Schools	35
Number of pupils on the roll	16,635
Number of Technical Schools	18
Number of pupils on the roll	6,241
Number of minor ailment clinics	57
,, ,, dental clinics (51 permanent, 69 temporary)	120
,, ,, mobile dental clinics	3
,, ,, ophthalmic clinics	29
,, ,, orthopaedic clinics under the control of the Health Committee, or Regional Hospital Board	24
,, ,, ear, nose and throat clinics	10
,, ,, speech clinics	15
,, ,, child guidance clinics (including City of Canterbury) ...	6

School Clinics.—The following are the permanent clinics in the Committee's area including clinics attached to Hospitals :—

Clinic	*Address*	*Services*
Ashford	14 Canterbury Road...	M.R.D. Sd.
Ashford	Child Welfare Centre, Station Road ...	O.
Aylesham	A.R.P. Shelter, C.P. School...	M.D.
Borough Green ...	Western Hall	M.D.
Broadstairs	Mothercraft Club	D.
Canterbury ...	The Towers	C.G.
Canterbury	Kent and Canterbury Hospital	O.R.
Chatham	Elm House, 15, New Road Avenue ...	M.
Chatham	118, Maidstone Road	M.R.D. Sd. C.G.
Chislehurst	The Willows, Red Hill	M.R.D. Sd. C.G. Asthma
Cranbrook	Congregational Church Rooms	R.D.
Crayford	Mayplace Road C.P. School, Woodside Road, Bexleyheath	C.G.D.
Crayford	M.C.W. Centre, Town Hall	M.R. Asthma
Crayford	Youth Centre, North End	M.
Dartford	West Hill Hospital	M.R.D. Sd. Asthma O.
Deal	The First Aid Post, Victoria Park ...	M.D. Sd.
Deal	Victoria Hospital	R.O.
Dover	Royal Victoria Hospital	M.R.O.
Dover	Astor Dental Clinic	D.
Elvington	Mission Hall	D.
Erith...	Hainault, Lesney Park Road	M.R.D.
Erith...	Bedonwell Hill	M.D.O.
Erith...	Lesnes Abbey	M.
Erith...	Erith and District Hospital...	A.
Faversham	Wesleyan Hall, Solomon's Lane, West Street	M.D.
Folkestone	Old Harvey Grammar School, Foord Road	M.D.
Folkestone	Royal Victoria Hospital	O
Folkestone	Baker Road, Cheriton	M.D. Sd.
Gravesend	Windmill Street, Welfare Centre	M..
Gravesend	"The Nest," Welfare Centre	M. Sd.
Gravesend	Gravesend and North Kent Hospital ...	R.S.A.
Gravesend	5, Manor Road	D.
Herne Bay	K.C.C. Treatment Centre, Kings Road ...	M.R.D.O.
Hythe	Child Welfare Centre, Prospect Road ...	R.D.
Maidstone	Foster Street	M.D.
Maidstone	Brunswick House, Buckland Hill	C.G. Sd.
Maidstone	Ophthalmic and Aural Hospital	R.S.A.
Maidstone	North Borough C.P. School...	M.D.
Maidstone	South Borough C. Sec. School	M.D.
Maidstone	West Kent Hospital	O.
Margate	Child Welfare Centre, College Road ...	M.R.D.O.
Margate	King Ethelbert Clinic	M.
Margate	Eton House, St. Peter's Road	Sd.
Mottingham... ...	Kimmeridge Road	M.D.
Northfleet	West Kent House, Station Road	M.D.
Orpington	School House, Chislehurst Rd. C.P. School	M.R.D.
Orpington	Orpington Hospital	O.
Penge	17, Oakfield Road, S.E.20.	M.R.D.
Ramsgate	Health Centre, Newington Road	M.R.D.O. U.V.R.
Rochester	Strood House, Corporation Street	M.D.
Rochester	Gun Lane, Strood	M.
Rochester	St. Bartholomew's Hospital	O.
Sevenoaks	Dorset House, St. John's Road	M.D.R.A.O. U.V.R.
Sheerness	Granville Villa, Granville Road	M.R.D.
Sheppey	General Hospital	O.
Sidcup	Longlands C.P. School, Woodside Road	M.
Sidcup	St. Mary's Hospital	O.
Sidcup	10, Station Road	M.D.
Sittingbourne ...	36, Albany Road	M.R.D. A.
Sittingbourne ...	Johnson House, Burley Road	O.
Southborough ...	Prospect Road	M.D.
Snodland	M.C.W. Rooms, Malling Road	M.D.A.
Swanley	Congregational Hall	D.
Tenterden	West View Hospital, Plummer Lane ...	O.
Tenterden	Town Hall	D.R.M.
Tonbridge	Baltic Road, Quarry Hill	M.D.R. Sd. A. C.G.
Tunbridge Wells ...	10-12, Calverley Terrace, Crescent Road ...	M.D.R. Sd. O.
Tunbridge Wells ...	Kent and Sussex Hospital	A.S.

Clinic	*Address*	*Services*
Vigo Village... ...	Welfare Hut	M.
Walmer	Baptist Church Room	D.
Whitstable	Masonic Hall, Cromwell Road	M.D.
Whitstable	Clifford Hall	R.
West Malling ...	Badminton Hall	D.

EXCEPTED DISTRICTS

Beckenham	School Clinic, Town Hall	M.R.D. Sd. O.A.U.V.R.
Beckenham	Hawes Down Clinic	M.D. Sd. O.
Bexley	Little Danson Clinic, Welling	M.D.R.A.
Bexley	3, Murchison Avenue, Bexley	M.
Bexley	Wrotham Road Clinic	Sd.
Bexley	Child Welfare Centre, Station Approach Road, Welling	O.
Bexley	315, Broadway, Bexley Heath	M.D. U.V.R.O.
Bromley	Princes Plain Clinic	Sd. M.D. U.V.R.
Bromley	North Clinic, Station Road	O.M.R.D.S. U.V.R.
Bromley	Hayes County Primary School	M.
Bromley	Burnt Ash County Primary School ...	M.
Bromley	Quernmore School, London Lane	M.
Bromley	Aylesbury Road School	M.
Gillingham	Balmoral Gardens Clinic	M.R.D.
Gillingham	Health Centre, Rainham	M.D.

U.V.R.—Ultra Violet Radiation
M.—Minor Ailments
R.—Refractions.
D.—Dental.
O.—Orthopaedic.*

C.G.—Child Guidance
Sd.—Speech defects
S.—Orthoptic training.
A.—Ear, Nose and Throat.

* These clinics are administered by the Health Committee, or the Regional Hospital Board.

In addition, temporary dental clinics are held as required in different parishes by arrangement with the Trustees of Village Halls, etc.

STAFF

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1950

	Proportion of whole-time allotted to School Health Service (Percentage)	Other Health Services (Percentage)
SCHOOL MEDICAL OFFICER :		
Elliott, A., M.D., D.P.H.	25.0	75.0
DEPUTY SCHOOL MEDICAL OFFICER :		
Lyon, D. M., O.B.E., M.B., CH.B., D.P.H.	50.0	50.0
ASSISTANT COUNTY MEDICAL OFFICERS (Central Staff) :		
Allen, Letitia M., M.B., CH.B., D.P.H.	9.1	90.9
Hazeldene, J. H., M.B., CH.B. (Commenced 1/12/50) ...	75.0	25.0
Wallace, G. P., M.A., M.B., CH.B., D.P.H. (Until 30/11/50)		
ASSISTANT COUNTY MEDICAL OFFICERS :		
Archer, G. Marjorie, M.R.C.S., L.R.C.P.	59.1	40.9
Ashley-Emile, W. G., M.R.C.S., L.R.C.P., D.P.H.	68.3	31.7
Butterfield, Kathleen F., M.R.C.S., L.R.C.P., D.P.H. ...	77.3	22.7

	Proportion of whole-time allotted to School Health Service (Percentage)	Other Health Services (Percentage)
Campbell, C., L.R.C.S., L.R.C.P., D.P.H., L.D.S.	100.0	—
Cagney, Mary, M.B., CH.B. (Commenced 6/3/50) ...	77.3	22.7
Cheesman, J. E., L.M.S.S.A., D.P.H.	100.0	—
Denholm-Young, Hilda M., M.A., M.B., CH.B.	95.4	4.6
Desmond, D., M.B., B.CH., D.P.H.	77.2	22.8
Dismorr, P.C., M.R.C.S., L.R.C.P., D.P.H. (Resigned 18/2/50)	—	—
Doniger, C. R., M.B., B.S., D.P.H., D.C.H.	59.1	40.9
†Eunson, Margaret W., M.B., CH.B., D.P.H.	36.4	—
Flynn, Mary, M.B., CH.B., D.P.H.	81.8	18.2
Goldthorpe, J. Clarke, M.R.C.S., L.R.C.P. (Commenced 1/3/50)	95.4	4.6
Harper, C. H., M.B., B.S., M.R.C.S., L.R.C.P. (Commenced 6/2/50)	68.1	31.9
Harrison, Clarice, M.B., CH.B.	31.8	68.2
†Hawkins, B. E., M.R.C.S., L.R.C.P.	18.2	—
Hazeldene, J. H., M.B., CH.B. (Until 30/11/50)	77.3	22.7
Heavens, W. H. N., M.R.C.S., L.R.C.P.	97.7	2.3
†Hewett, Beryl M., M.B., B.S., D.P.H.	31.8	—
Isaac, K. M. Gower, M.B., B.S.	50.0	50.0
†Kirk, D. W., M.B., CH.B.	20.0	—
Kyle, Edith E., B.A., M.B., B.CH., B.A.O. (Commenced 20/4/50)	50.0	50.0
Laing, S. A., M.R.C.S., L.R.C.P., D.C.H. (Commenced 1/9/5(0	72.7	27.3
Lessey, W., M.D. (Brux.) L.R.C.S., L.R.C.P., (Until 6/6/50)	—	—
Long, Mary E., M.R.C.S., L.R.C.P.	50.0	50.0
Love, Mary, M.B., CH.B., D.P.H., D.R.C.O.G.	63.6	36.4
Molesworth, E. M., M.B., CH.B.	97.7	2.3
Nithsdale, Jean, M.B., CH.B., D.P.H.	68.3	31.7
Paterson, Elfriede, M.R.C.S., L.R.C.P.	72.7	27.3
Pimm, C. S., M.B., CH.B.	36.4	63.6
Pond, Margaret, M.R.C.S., L.R.C.P., D.C.H. (Commenced 2/1/50)	61.3	38.7
†Pringle, E. G., M.D.	18.2	—
Ring, Stella M., M.B., B.S., M.R.C.S., L.R.C.P. (Until 19/4/50)	—	—
Ryan, M. M., L.R.C.P. AND S., D.P.H. (Commenced 1/11/50)	77.3	22.7
Stableforth, Gladys, M.D.	54.5	45.5
Sharvelle, Doris G., M.R.C.S., L.R.C.P., D.P.H.	63.6	36.4
Sugden, K. H., M.R.C.S., L.R.C.P.	81.8	18.2
Taylor, Barbara M. G., M.R.C.S., L.R.C.P., D.P.H. ...	79.5	20.5
Troughton, Kathleen N. W., M.B., B.S.	81.8	18.2
Whittles, J. H., B.SC., M.D., D.P.H.	52.2	47.8
Whyte, Elizabeth C., M.B., CH.B., D.C.H....	77.2	22.8

In addition, the undermentioned Medical Officers employed by District Councils undertake work on behalf of the Education Committee :—

	Proportion of whole-time allotted to School Health Service (Percentage)	Other Health Services (Percentage)
Davies, H. S., M.D., D.P.H.	18.2	81.8
Gaffikin, P. J., M.D., D.P.H.	20.0	80.0
Hudson, J. H., M.B., D.P.H. (Until 10/6/50)	—	—
Murray, J. O., M.D., D.P.H.	9.1	90.9
Ward, M. A., M.B., CH.B., D.P.H. (Until 1/1/50) ...	—	—
SENIOR DENTAL OFFICER:		
Saunders, F. J., L.D.S.	63.6	36.4
DENTAL SURGEON FOR ORTHODONTIC SERVICES:		
Dickson, G. C., F.D.S., B.CH.D.	100.0	—

	Proportion of whole-time allotted to School Health Service (Percentage)	Other Health Services (Percentage)
Dental Surgeons:		
Cantor, H. L.D.S.	89.4	10.6
Cardell, I. S., L.D.S.	95.3	4.7
Crisp, B., L.D.S.	95.72	4.28
Cross, Mary E. O., L.D.S.	88.9	11.1
Dawe, Marjorie, K.M., L.D.S.	94.0	6.0
Dawe, W. W. F., L.D.S.	91.21	8.79
Donald, J. R., L.D.S.	98.88	1.12
Elvy, Doris M., L.D.S.	85.15	14.85
Gausden, P. D., L.D.S.	96.13	3.87
Hall, T. A., L.D.S.	90.41	9.59
Hayes, L. F., L.D.S.	78.73	21.27
Hill, C. H., L.D.S.	89.29	10.71
McCarthy, A. W., L.D.S. (Until 26/8/50)	—	—
Mahler, Edith, L.D.S.	85.42	14.58
Markham, F., L.D.S.	98.60	1.40
Moffat, W., L.D.S.	91.49	8.51
Park, A. E., L.D.S.	97.73	2.27
Pryor, A., L.D.S.	82.35	17.65
Robinson, D. E., L.D.S.	87.33	12.67
Rumble, J. D., L.D.S. (Commenced 1/1/50)	36.4	—
Seal, H. S. K., L.D.S.	100.0	—
Squier, Agnes, L.D.S.	77.65	22.35
Storey, Margaret B., L.D.S. (Commenced 5/6/50)	85.54	12.46
†Sutcliffe, Marianne L., L.D.S. (Left 15/12/50)	27.2	—
Thorn, N. K., L.D.S.	89.62	10.38
White, Millicent, L.D.S.	96.42	3.58

Officers engaged in Specialist Services at school clinics :—

	Time given to School Health Service (Percentage)
Otolaryngologist:	
†Gill, T. P., M.B., F.R.C.S.E., D.L.O.	36.4
Ophthalmologists and Refractionists†:	
Allen, N. H., M.R.C.S., L.R.C.P.	13.5
Applin, H. W., M.S., D.O.M.S.	9.1
Chivers, J. A., M.B., D.O.M.S.	9.1
Crawford, R. A. D., M.D., D.O.M.S.	13.5
Cogan, J. E. H., M.B., CH.B., D.O.	13.5
Flint, G., M.D., F.R.C.S.E.	36.4
*R*Lorriman, F. J., M.D., F.R.C.S.E.	36.4
McDonnell, M., M.B., B.CH., D.P.H.	9.1
Medlycott, B. R., M.B., B.S., D.O.M.S.	45.5
Rushton, R. H., M.R.C.S., L.R.C.P., D.O.M.S.	9.1
Simmons, G. L., M.R.C.S., L.R.C.P., D.O.M.S.	45.5
Symons, H. M., M.B., B.S., D.O.M.S.	9.1
Orthopaedic Surgeons†:	
*R*Baird, R. C., F.R.C.S.	2.25
Gervis, W. H., M.A., M.B., F.R.C.S.	6.7
Lindsay, E., B.A., F.R.C.S.	4.5
Mayer, J. H., F.R.C.S.	6.7
St. Clair Strange, F. G., F.R.C.S.	6.7
Wynne, W. E. C., F.R.C.S.I.	9.1
Consultant Psychiatrist†:	
Maberly, A., M.B., B.CH.	18.2
Psychiatrists:	
*R*Clouston, G. S., M.D., CH.B., D.P.M.	100.0
Fitzherbert, Joan, M.R.C.S., L.R.C.P., D.P.M.	100.0
†Smith, J. Vincent, M.R.C.S., L.R.C.P., M.B., B.CH. (Commenced 1/11/50)	63.6
*R*Wellisch, Erich, M.D.	100.0

	Proportion of whole-time allotted to School Health Service (Percentage)	Other Health Services (Percentage)
Excepted Districts:		
Beckenham Borough		
Medical Officer of Health		
Cole, T. P., M.B., D.P.H.	36.0	64.0
Assistant Medical Officers		
Collett, Susan, L.R.C.P.S.	56.7	43.3
†Finer, D. I., M.R.C.S., L.R.C.P.	9.1	—
†Harrison, L. T., B.SC., M.R.C.S., L.R.C.P.	9.1	—
†Sheridan, M., M.B., B.CH., B.A.O.	9.1	—
†Stilwell, G. D., M.R.C.S., L.R.C.P.	9.1	—
Ophthalmologist:		
*R*Lorriman, F. J., M.D., F.R.C.S.E.	9.1	—
Otolaryngologist:		
†Howells, C. H., M.B., F.R.C.S.	2.25	—
Orthopaedic Surgeon:		
*R*Hulbert, K. F., F.R.C.S.	9.1	—
Dental Surgeons:		
†Kininmonth, Mrs. M., L.D.S.	36.4	—
Waters, R. A., L.D.S.	94.12	5.88
Bexley Borough		
Medical Officer of Health:		
Landon, John, M.R.C.S., L.R.C.P., D.P.H.	25.0	75.0
Assistant Medical Officers:		
Hastilow, Irene, M.D.F., M.B., CH.B., D.P.H., D.C.H. ... (Commenced 1/2/50)	100.0	—
Killoh, R. B., M.B., CH.B., D.P.H. (Until 31/12/50)	72.7	27.3
Walter, Norah, M.B., B.CH., B.A.O., D.C.H.	54.5	45.5
Ophthalmologist:		
†Chambers, R. M., M.B., B.S., D.O.M.S.	27.2	—
Otolaryngologist:		
†McGregor, W., O.B.E., M.A., M.B., D.L.O.	9.0	—
Orthopaedic Surgeons:		
*R*Hulbert, K. F., F.R.C.S.	4.5	—
*R*Lawson, B., F.R.C.S.E.	4.5	—
Dental Surgeons:		
Wade, H., L.D.S.	84.2	15.8
Bromley Borough		
Medical Officer of Health:		
Tapper, K. E., O.B.E., G.M., M.B., CH.B., D.P.H. ...	25.0	75.0
Assistant Medical Officers:		
Carter-Locke, H. B. C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	50.0	50.0
Currie, P. A., M.R.C.S., L.R.C.P.	72.7	27.3
Orgler, A. E., M.D. (Berlin)	54.5	45.5
Stinson, Gertrude, H., M.R.C.S., L.R.C.P.	81.8	18.2
Ophthalmologist:		
†Lyle, E. H. W., M.A., M.D., D.O.M.S.	27.2	—
Dental Surgeons:		
King, A. F., L.D.S.	88.08	11.92
Mayo, P. D. B., L.D.S. (Until 28/2/50)	—	—

	Proportion of whole-time allotted to School Health Service (Percentage)	Other Health Services (Percentage)
ORTHOPAEDIC SURGEON :		
*R*Hulbert, K. F., F.R.C.S.	9.1	—
GILLINGHAM BOROUGH		
Medical Officer of Health :		
Muir, W. A., M.D., D.P.H.	25.0	75.0
Assistant Medical Officers :		
†Bell, C. M., M.R.C.S., L.R.C.P.	27.2	—
Dunlop, Meta L., M.B., CH.B., D.P.H.	50.0	50.0
OPHTHALMOLOGIST :		
†Flint, G., M.D., F.R.C.S.E.	9.1	—
DENTAL SURGEON :		
Griffiths, W. C., L.D.S.	90.57	9.43

R Officers of the Regional Hospital Board.
† Part-time.

OTHER STAFF :

	Number of Officers	Aggregate of time given to School Health Service work in terms of whole-time officers
Health Visitors	246	80
Dental Attendants	35	34 3/11
Psychologists	8	5 1/11
Psychiatric Social Workers	5	3 10/11
Speech Therapists	7	5 9/11
Oral Hygienist	1	1

A refresher course for the school dental officers was organised by the Institute of Dental Surgery and held at the Eastman Dental Clinic from 5th June, 1950, to 26th June, 1950, and one Assistant County Medical Officer attended a course on the ascertainment and educational treatment of educationally subnormal children from 2nd October to 20th October, 1950.

In the Report for 1947, I expressed the hope that the system for the attendance of a number of Assistant County Medical Officers at clinical classes at the Farnborough Hospital would be continued, and expanded by the Regional Hospital Board. This has been done and during 1950 four Assistant County Medical Officers were seconded as clinical assistants for one half day a week, to the Consultant Paediatricians at hospitals at Dartford, Dover, Chatham and Maidstone. There has been a continuance of the arrangements made for a number of Assistant County Medical Officers to attend the clinical classes at Farnborough Hospital and eight of them were in turn seconded as full-time clinical assistants for a period of three months.

In my report for 1948 I referred to the preliminary discussions with officers of the South-East Metropolitan Regional Hospital Board as to the future of specialist clinics outside hospitals, and reported that it had been agreed that it would be appropriate for the Education Committee to continue to provide the clinics, ancillary and clerical staff, the consultant medical staff being provided by the Board.

Following the original agreement that the Board should assume responsibility for the part-time medical staff, difficulties at once arose because practically the whole of the consultants concerned already held interim contracts for the maximum number of sessions for which they would be employed by the Board in hospital duties. If they had then been transferred to the service of the Regional Hospital Board they would have had to carry out their duties at these clinics without payment or the Board would have been obliged to attempt to replace them by other officers, who, in any case, were not available. The Board's officers said, however, that as soon as the arrangements for the signing of permanent contracts were completed, this point would be covered, but later, the Board's Senior Medical Officer notified me that it was not possible to carry out the original arrangement because the Board could not make financial provision.

The Board has, however, now been able to assume financial responsibility to the extent of accepting liability for certain medical staff in the Child Guidance Service, but not to the full extent that had been anticipated.

At the end of the year the matter was still under review.

Medical Inspection.

There has been no change in the arrangements for routine medical inspections. The number of children examined at periodic medical inspections during 1950 was 76,657, which represents 39.9 per cent of the children on the roll.

The number of special examinations carried out was 25,985. These children were submitted for examination because some abnormality was suspected, and were of any age.

In addition, 58,950 children previously found defective were re-examined.

General Condition of the Pupils.

Under the broad assessments of nutrition made at periodic inspections the general condition was classified in 1950 as follows :—

Table 1.

Year	Number of Pupils Examined	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
1950	76,657	29,521	38.5	42,168	55.0	4,968	6.5
1949	68,012	21,594	31.8	41,421	60.9	4,997	7.3

A comparison with the figures for the previous year shows that the percentage of children as being of good nutrition shows some improvement. In assessing nutrition the medical officers take into consideration the general physique and mental condition of the child examined.

Following Up.

The systematic " following up " by health visitors of children found defective is an essential part of the School Health Service. In addition, with few exceptions, the health visitors attend at school medical inspections.

Findings at Medical Inspections.

76,657 children were examined at the periodic inspections, and 16,541 defects were recorded as requiring medical treatment.

Table 7 on page 24 shows the principal defects revealed by medical inspections during 1950.

Medical Treatment.

Table 9 on pages 26, 27, 28, gives details of the amount of treatment given during the year, but the figures relating to treatment provided otherwise than by the local Education Authority are incomplete. At the beginning of 1950 the Committee was informed that the Minister of Education proposed to make certain changes in the School Medical Inspection returns for the year under review. They were made necessary by the fact that an increasing proportion of medical treatment of school children is being carried out by the National Health Service, and a request was made to the various Hospital Management Committees for the appropriate hospitals to submit returns to me giving the number of children treated or under treatment during the year in respect of the following defects :—

i. Diseases of the skin.

ii. Eye diseases, defective vision and squint.

iii. Defects of the Ear, Nose and Throat.

iv. Orthopaedic and postural defects.

v. Miscellaneous defects.

Subsequently I was informed by the Principal Medical Officer of the Ministry of Education that it had been realised that the above request was liable to impose a heavy burden on the medical staffs, and the Ministry was prepared to dispense with the requirement. A further communication was, therefore,

sent to Hospital Management Committees stating that it was only necessary to notify the Local Education Authority when the Physician or Surgeon recommended that a child should

(a) be kept under medical supervision at school
(b) have special educational treatment, or
(c) be visited by the health visitor.

(*a*) *Minor Ailments.*—During the year under review 29,238 defects were treated at the minor ailment clinics by the health visitors under the supervision of a medical officer. In 1949 the corresponding figure was 33,658.

(*b*) *Cleanliness Inspections.*—The health visitors continued to carry out routine and special visits to each Primary and Secondary School, and at Grammar and Technical Schools by request, and 467,144 examinations were made. 5,344 children were found to be unclean ; 1,409 cleansing notices were issued to parents under Section 54(2) of the Education Act, 1944, and six children were cleansed under arrangements made by the Committee. The improvement noted during the past five years has been maintained and the following table shows the incidence of infestation over these years :—

TABLE 2.

Year	Total number of examinations of pupils	Number of individual pupils found unclean
1946	404,783	9,731
1947	406,313	7,931
1948	439,773	7,909
1949	445,060	7,046
1950	467,144	5,344

(*c*) *Defective Vision.*—The number of cases of defective vision and squint examined by the Ophthalmologists was 15,567, the corresponding figure for the previous year being 14,985. 5,405 pairs of spectacles were supplied through the Kent and Canterbury Executive Council. There was still some delay in the supply of spectacles early in the year, but towards the end of the year, except where some complicated lenses were concerned, spectacles were being supplied with very little delay.

The Assistant County Medical Officers reported that 156 pupils tested by the " Ishihara " colour vision plates were found to have a defect of colour vision. These pupils were examined by the Ophthalmologists by means of a " lantern test " to obtain more exact information as to the degree of colour blindness, and 59 were found to have such a degree of defect as to render them unsuitable for future employment in occupations where a full range of colour vision is essential.

The health visitors continued to test the vision of children aged seven years, and 8,691 children were so examined. Of these, 730 were referred to an Assistant County Medical Officer for further examination.

(*d*) *Enlarged Tonsils and Adenoids.*—During the year the Assistant County Medical Officers recommended that 4,570 children required treatment for enlarged tonsils and/or adenoids, and these recommendations were referred to the appropriate Hospital Management Committee. Information has been received concerning 3,661 pupils who received operative treatment during the year.

The Senior Administrative Medical Officer of the South East Metropolitan Regional Hospital Board has informed me that in accordance with the Board's long-term plan, operations for tonsils and adenoids will normally be performed at the following hospitals serving the Kent area :—

St. Bartholomew's, Rochester.
All Saints', Chatham.
Sheppey
Gravesend and North Kent.
Orpington.
Sevenoaks.
Royal Victoria Hospital, Folkestone.
Willesborough.
Buckland, Dover.
Homoeopathic, Tunbridge Wells.
Tunbridge Wells and District.
War Memorial, Woolwich.
St. Nicholas, Plumstead.

Erith and District.
Queen Mary's, Sidcup.
Children's, Sydenham.
Beckenham.
Farnborough.
Bromley.
General, Margate.
General, Ramsgate.
Southern, Dartford.
West Hill, Dartford.
Joyce Green, Dartford.
Kent County Ophthalmic and Aural.
Kent and Canterbury.

For the time being in view of the waiting lists, some operations may be performed at a few other smaller hospitals.

(*e*) *Defective Hearing and Ear Disease.*—Minor diseases of the ear are treated at the minor ailment clinics under the supervision of the medical officer or at the nearest aural clinic or hospital.

During the year the Committee authorised the supply of a group audiometer for the detection of slight and early cases of defective hearing. The equipment is to be centred at Beckenham, but it will be available also for use in other parts of the County. There are three stages to the testing, (1) the first test, (2) a second test for those who have failed, and (3) for those who have failed the second time, a test on a pure tone audiometer. By the courtesy of the Medical Officer of Health of the London County Council, arrangements were made for a health visitor employed in Beckenham to acquire experience in the use of the equipment at the Garland Road Minor Ailment Clinic, Plumstead.

(*f*) *Maladjusted Children. Child Guidance Clinics.*—Dr. Alan Maberly reports as follows :—

" The upward trend apparent in the previous years' figures has been maintained. There has been an improvement in the staffing position at Maidstone and Tonbridge, and it is at these clinics that the number of cases referred shows a large proportional increase, rising from 293 to 486. Long waiting lists lead inevitably to a falling off in the demand for help, as with problem children the need is usually urgent and in the two most heavily loaded clinics cases referred have fallen from 325 to 221.

" In the County as a whole, however, there is a rise from 1,060 to 1,220 of which 240 as against 159 came from the Courts. Attendances for treatment rose from 9,223 to 11,174 and the total interviews with children and their parents from 12,917 to 13,803. These figures, while encouraging, give no grounds for complacency, as waiting lists have risen to 380 at the end of the year, corresponding to a period of up to a year at one clinic. Furthermore, it may be anticipated that with the present school population, the demand for Child Guidance investigation is likely to rise to approximately 2,000 cases a year. It is hoped that one, if not both, of the projected clinics for East Kent may be opened during the coming year. While it has not yet proved possible to provide a hostel or special school for maladjusted children, use has been made of other available voluntary sources within and without the County.

" Close and friendly relationships have been further developed with teachers, Welfare Workers, Probation Officers, and all those in contact with deprived and problem children. Through these contacts as well as more directly with parents, much valuable preventative work is carried out, the effect of which cannot be exactly measured, but is believed to be considerable."

The following table shows the number of patients dealt with during the year :—

TABLE 3.

Clinic	No. of pupils referred	No. of Patients Diagnosed	Total Number of Interviews	Number Discharged				
				Consultation only	Condition unchanged	Condition improved	Non-co-operative	Transferred to other Authority
Canterbury... ...	273	181	2,627	55	12	80	10	14
Chatham	133	99	1,495	52	1	18	5	9
Chislehurst	89	80	1,960	53	3	40	5	5
Crayford	239	201	3,166	42	4	109	41	14
Maidstone	316	247	3,463	159	1	46	18	22
Tonbridge	170	148	1,092	81	2	26	6	1
Total	1,220	956	13,803	442	23	319	85	65

(*g*) *Speech Defects.*—Miss J. Pollitt commenced duty as Chief Speech Therapist on 2nd January 1950, and she has reported as follows :—

" The Canterbury, Deal and Margate Clinics were closed in January, 1950, owing to the illness, and subsequent resignation of the Therapist responsible for them. This resignation also caused the number of sessions at the Folkestone Clinic to be reduced. The Sittingbourne Clinic had to be closed in January, 1950, as the Therapist concerned was unable to continue making the long journeys which her attendance there involved. By April, further resignations caused the Maidstone and Orpington Clinics to close, and reduced the number of sessions at Tonbridge and Dartford.

Despite these early setbacks the clinics have, however, developed steadily during the year. Arrangements have been made for three full-time Therapists, appointed during the year, to confine their work to one, or at the most, two clinics. Thus the amount of travelling involved, which seemed to be the main cause of the resignations at the end of 1949 and beginning of 1950, has been reduced and a more effective service given in those areas where full-time Therapists are working.

Additional play material has been introduced into the Clinics during the year and the Therapists are now enabled to approach certain cases through this medium, instead of working solely by more direct methods. The results of this system are encouraging and progress has been made in several cases where direct work on speech had proved of little value.

An analysis of the work carried out in the Clinics is shown below :—

A.	Number of pupils seen by Therapists during the year :—	
	Cases closed	470
	Cases carried forward to 1951	487
		—957
B.	Number of patients awaiting appointments at end of 1950 and carried forward into 1951	434
		1,391

The waiting lists in many localities constitute a very serious problem. This problem cannot be relieved until more premises suitable for Speech Therapy are available and more staff is appointed. These two factors link together, as the introduction of one without the other would be useless.

Discharges during the Year :—

(a)	Improved so that no abnormality existed, or condition became such that little residual defect remained	240
(b)	Improved to extent to which nature of disability was likely to allow (for e.g. cases of Cleft Palate for which operative treatment had not been entirely successful, partial deafness, etc.)	11
*(c)	Treatment incomplete owing to parent or patient not being willing to continue further, or owing to patient leaving district, starting work, etc.	54
(d)	Little, if any, change after a long period of treatment (over 18 months) ...	4
*(e)	Nature of defect found to be such that other educational training or treatment required	61
(f)	Consultation only, followed by necessary recommendations	11
(g)	Reported by Medical Officer or Parent to be improved and, therefore, not seen at any Speech Therapy Clinic	24
(h)	Following Investigatory Interviews, further appointments not kept	6
(i)	Appointments offered but not kept, e.g. parents unwilling to attend or attendance impossible owing to prolonged hospitalisation, illness, etc.	40
(j)	Started work or left district, prior to appointments being offered at any Speech Therapy Clinic	17
(k)	Treatment arranged by parent elsewhere	2
		470

*(c) Many cases within this category have improved considerably ; " Treatment incomplete " refers to the Therapist's opinion ; a Therapist's standard is often higher than the standard appertaining in the background from which the patient may come ; for example, a residual lisp or minor abnormality may be looked upon by the patient's relatives as being insufficient to warrant further attendance at the clinic, but from the Therapist's point of view, treatment is " incomplete " in that she may feel the residual slight defect could have been cleared if the parents had been willing to co-operate further.

It would be helpful if a continuation service could be provided, within local hospitals, for those patients who leave school and start work prior to completion of treatment. At present the only facility for such continuation is at one hospital in the South West of the County where one Therapist is working for one Session per week.

*(e) Contact with the Speech Therapy Clinics has been helpful in diagnosing some of these cases. Generally the speech of these children improves as they approach the mental age of approximately

6-7 years. This natural slow speech development may be retarded if the parents' approach and feeling towards the child is unhelpful and the Therapist's most useful work in these cases is often that of trying to help the parent of the young child to appreciate the problem concerned.

A few patients in this category have been found to be deaf or have been suffering from cerebral palsy. The ideal solution in such cases is attendance at special schools, where the whole educational training and treatment is related to the specific defect.

Four further patients were passed on to Child Guidance Clinics.

Sixty-six of the 470 patients coming within categories g, i and j above, were sent to the Clinics without any diagnosis being stated. Since these patients were not seen at a clinic, diagnosis is unknown. The speech abnormalities, from which the remaining 404 patients suffered, were as follows :—

Stammer	101	Three of these cases had very poor innate intelligence.
Stammer plus Dyslalia	17	One of these cases had very poor innate intelligence.
Stammer plus Sigmatism	3	
Stammer plus Dyslalia and Dysphonia	1	
Dysarthria	9	One of these cases had very poor innate intelligence.
Cleft Palate	17	
Hyper-Rhinophonia (not caused by Cleft Palate)	9	One of these cases had very poor innate intelligence.
Rhinolalia Clausa	1	
Defect associated with hearing loss	8	One of these cases had very poor innate intelligence.
Sigmatism—Lateral	11	
Interdental	18	
Nasal	2	
Dysphonia	7	
Dysphonia plus Dyslalia	5	
Dyslalia—ranging from comparatively slight articulation defects to unintelligible speech	141	
Not talking—little if any attempt at expression through speech	6	
Slurred and indistinct speech	2	
Query Diagnosis	3	
Abnormal articulation and retarded language development associated with very poor intelligence	43	
	404	

The above diagnostic survey shows that 13.6% of the 404 patients were found to have very poor innate mental ability (I.Q.'s approximately 70 and under)."

(*h*) *Dental Defects.*—Mr. F. J. Saunders, Senior Dental Officer, reports as follows :—

" A slight improvement in the recruitment of Staff during the year gave the Committee the opportunity to replace two whole-time and two part-time dental surgeons who had left the Service. The part-time officer appointed to work four sessions each week in Cheriton clinic commenced duty on the 1st January, 1951. As a result of these changes the number of dental officers was reduced from 30 at the beginning of the year to the equivalent of 29½ full time Officers at the 31st December, compared with 30½ at the end of 1947 and 34 in 1948.

The equivalent of 2¼ whole-time officers were at the end of the year devoting their time to the care of mothers and young children under Part III of the National Health Service Act, whilst the remainder spent their time on work for the School Health Service. On this basis after taking into account an increase of approximately 6,500 children on the school roll, there was an increase in the overall allocation to each dental surgeon from 5,849 in 1947, 5,863 in 1948, 6,965 in 1949 to 7,100 during the year. The highest proportion is 13,043 in the Maidstone/Tunbridge Wells area and the lowest 3,240 in the Folkestone area. The increase will be corrected when more Staff and accommodation become available.

Of 194,630 children on the school roll 56,064 had a routine inspection and in addition there were 14,623 special inspections making a total of 70,687 inspected. This is 36.3 per cent of the school population. Of the 81.4 per cent (57,568) found in need of treatment, 70.6 per cent (40,696) actually received it in the clinics.

I would draw attention to the decline in the number of children inspected, 70,687 compared with 111,303 in 1947. Two factors appear to have caused this, one the curtailment of complete treatment to school children by a number of dental practitioners working under the National Health Service Act and the other the great increase in the number of special applications received for treatment in under-staffed districts in respect of children not suffering from pain.

An important development was the appointment in September of an Oral Hygienist trained under an experimental scheme of the Ministry of Health to undertake the scaling, cleaning and polishing of children's teeth and of mothers treated under Part III of the National Health Service Act. Unfortunately the appointment of four ancillary workers approved by the Committee to work under the supervision of the dental surgeon is not possible because of lack of space for development in most of the existing clinics.

Below is a summary of the time spent by the oral hygienist on instruction and the amount of work done at the clinics in Dartford, Sidcup, Gravesend, Orpington, Chatham and Welling :—

Number of new patients treated	107
Number of patients whose treatment was completed ...	78
Total number of attendances	213
Treatment	
Scaling	107
Polishing	153
Dental Health Education	
Time spent on individual instruction	22 hours.

The alteration to the air raid shelter on the school premises at Aylesham, premises in Gravesend and Orpington for two additional surgeries and for additional accommodation in Sidcup and Mottingham were completed by the end of the year. The proposal to adapt the air raid shelter at the school in Cranbrook for School Health Service work is being revised to include a Maternity and Child Welfare centre. Of the recommendations submitted to the Committee in 1949 for additional accommodation at 80 Croydon Road, Beckenham, improvements to the premises in Corporation Street, Rochester, the Mothercraft Club, Broadstairs and the use of premises in Walmer, it had only been possible at the end of the year to proceed with the work in Beckenham. Practically the whole of the equipment for this clinic has been delivered. Failure to obtain additional accommodation for School Health Service work in Dartford, Bromley and Sandwich, and suitable premises in Canterbury to replace the dental suite kindly lent to the Committee by the Kent and Canterbury Hospital Management Committee since the loss of the property in Longport Street by enemy action in 1942, causes grave concern.

Since it had not been possible for the Committee to appoint a dental surgeon to work on the third semi-articulated mobile caravan delivered in January, the caravan was used at Charing and also Paddock Wood School, until the necessary work on the air raid shelter had been completed, and Southborough, where the existing accommodation is far from satisfactory. On completion of the work the caravan was moved to a site kindly provided by the Kent and Canterbury Hospital Management Committee, where it will remain until a dental officer can be appointed or until alternative accommodation can be found. The value of the service made available in 42 rural districts on these vehicles is shown by the number of children actually treated and the amount of work done on caravans No. 1 and 2 during the year as a result of inspections carried out in schools.

Number inspected 7,253. Number referred for treatment 4,657.

Orthodontic treatment had of necessity to be kept within the capacity of the staff available to carry out the major part of the work. Mechanical treatment to correct deformities of the jaws and teeth of children became extremely difficult when the three Dental technicians employed in the Maidstone workshop left to take up private work. A proportion of the urgent work on hand was transferred to the subsidiary workshop in Dover and the orthodontic dental surgeon was asked to restrict the selection of patients, according to their age and to those who would reap the greatest benefit in the shortest time from mechanical aid. As only three of the applicants to fill the vacancies had a slight knowledge of the construction of modern orthodontic appliances, the Council were unable to fill the vacancies until September, October and November respectively, but by the end of the year the three technicians had gained sufficient additional experience to enable them to tackle a fair proportion of the work in a satisfactory manner. It is hoped that the work in its various stages will in the near future be returned to the dental surgeons as requested, and I am very grateful to Mr. G. C. Dickson, Orthodontic Dental Surgeon, for the zeal and enthusiasm he has shown in carrying out his duties in the field of orthodontia and the administration of general anaesthetics.

Details of the number of patients examined and the appliances made in the County Dental Laboratories are :—

TABLE 4.

No. examined by Orthodontist	No. requiring appliances	No. completely treated	Total No. of attendances
3,223	592	578	9,299

TABLE 5.

Orthodontic Appliances Fitted					Other Appliances Fitted		
Upper	Lower	Oral Screens	Remakes	Repairs	Dentures	Remakes	Repairs
771	7	173	39	56	299	10	33

Patients needing x-ray were sent to the nearest hospital. 864 of the permanent teeth extracted as recorded in Table 10 on page 29 were for regulation purposes.

The refresher courses commenced in 1947 to enable dental officers to keep in touch with the latest scientific developments in the diagnosis and treatment of oral diseases were of a more practical nature this year, as a result of the special arrangements made with the Eastman Dental Clinic to provide a series of lectures and chairside demonstrations. Twenty-six officers divided into three groups, attended a five-day course extending over a period of three weeks—needless to say the course was very much appreciated, and it is hoped that the Committee will give consent to the arrangement of a similar course next year.

Other operations recorded in Table 10 on page 29 include 1,637 scalings, 3,249 polishing of teeth and fillings, 7,357 permanent and 6,614 temporary dressings, 4.324 silver nitrate treatments, 256 root canal dressings, 12 acrylic inlays, 17 crowns, orthodontic treatment in the nature of impressions, appliances fitted and repaired, and adjustments. Orthodontic attendances at the rate of ten per session absorbed the time of approximately 2.2 whole time officers. The ratio of fillings to permanent teeth extracted is 3.91 to 1 compared with 4.32 to 1 in 1948 and 3.41 to 1 in 1949.

The changed conditions now obtaining in the Dental Service make severe demands upon the staff and I acknowledge with gratitude their unfailing spirit of co-operation and cheerfulness with which these demands have been met."

(*i*) *Orthopaedic and Crippling Defects.*—The orthopaedic scheme is administered by the Health Committee of the County Council. In 1950 there were 79,144 attendances at the orthopaedic clinics compared with 81,415 attendances during 1949. Of the former figure, 83.3% were children in attendance at maintained schools.

The following table gives particulars of the number of new patients during the year and the total number of attendances.

Clinic	New Patients of School Age	Total Number of Attendances of Children of School Age
Ashford	40	1,037
Beckenham	171	4,565
Bexleyheath	62	307
Bromley	189	3,011
Canterbury	309	1,279
Dartford	242	2,231
Deal	77	2,005
Dover	75	1,368
Erith...	293	3,436
Folkestone	145	4,988
Hawes Down	66	1,812
Herne Bay	44	717
Laleham House	28	713
Maidstone	161	2,569
Margate	113	2,909
Minster	58	752
Orpington	136	5,799
Ramsgate	138	4,730
Rochester	390	1,535
Sevenoaks	150	4,231
Sidcup	93	4,557
Sittingbourne	88	1,452
Tenterden	58	1,325
Tunbridge Wells	221	3,702
Welling	431	3,639
Westerham Valence	19	1,290
Totals	3,797	65,959

Work of Voluntary Bodies

The following Table shows the amount of work undertaken by the National Society for the Prevention of Cruelty to Children on behalf of the Committee during the year.

Branch	*No. of children*	*Visits made*
Ashford	30	62
Bromley	8	66
Canterbury	40	97
Isle of Thanet	27	84
Maidstone	30	152
North Kent	47	114
South East Kent	35	105
West Kent	2	9
Totals	219	689

Accommodation Provided Under Section 28 of the National Health Service Act, 1946.

Under the provisions of Section 28 of the National Health Service Act, 1946, the County Council provides accommodation in suitable recuperative homes for patients requiring a period of convalescence not involving continued medical and/or nursing care. This includes provision for school children, and during the year under review, 147 children were admitted to recuperative homes.

Diphtheria Immunisation

The County Council arrange for immunising facilities to be available for children of school age and special sessions are held at the Committee's school clinics, and if appropriate, on school premises. The Assistant County Medical Officers explain and impress upon parents present at school medical inspections the need for, and value of, immunisation. The arrangements for giving reinforcing injections apply, as necessary, at appropriate stages throughout the period of school life. The following table shows the extent to which Diphtheria Immunisation has been carried out in the County during the year 1950 :

Primary Injections Number of children between 5 and 14+ years	Secondary or re-inforcing injections
2,257	12,767

Residential Special Schools

Regular periodic inspections have been carried out, and the Medical Officers have reported as follows :—

Seabrook Lodge School, for Educationally Sub-normal boys.

Dr. Molesworth reports :—

" There are 74 boys at this school, 26 Juniors, aged 8 to 10 years, and 48 Seniors, aged 11 to 16 years.

Medical Inspections have been carried out at regular intervals. At entry the physical health of these boys is generally very poor, but improvement is rapid after a short period at the school, where they have a healthy, regular life and plenty of good food. This improvement is apparent in the Height, Weight and Spirometer measurement records, which have been taken each fortnight since the school started in October, 1946. Physical development generally appears to be as retarded as mental development.

Nocturnal Enuresis is present in ten persistent, and seven intermittent cases. There is one persistent case of diurnal encopresis.

During the year, 15 boys left school on attaining the age of sixteen. Of these, thirteen were reported to the Local Health Authority for supervision after leaving school, under Subsection 5 of Section 57, Education Act, 1944. In addition, one senior and one junior were reported as ineducable under Subsection 3 of Section 57, and have subsequently left the school. This year three boys, two juniors and one senior, have made sufficient improvement, both in attainment and behaviour, to be returned to normal schools. Another senior no longer backward, is awaiting admission to a school for partially deaf children.

Mental testing has been carried out, and the average I.Q. for the 26 juniors is 65.5, for 47 seniors, 73.

Of the 88 boys who have been on the roll during the last year, 50 have been concerned in court proceedings, either for indictable offences, or for being out of control, or on account of home conditions. Boys, when they come to the school, are generally handicapped by a low I.Q., poor attainment, and a behaviour problem. In the case of juniors, but not of seniors a high percentage of behaviour difficulties vanish soon after admission. As attainment improves, especially when reading is achieved, there is a further improvement. Intelligence tests are carried out at this point, for choice, showing an average improvement in response of about 10%. This observation applies to boys whose prior assessment was above 60. In about 13% of the boys admitted to this school, the I.Q. has shown a fall, average 4%, compared with prior assessments.

Since the school opened, 31 boys have left on attaining the age of 16. 28 of these have been reported under Section 57/5. A follow up of these 28 boys recently showed that 4 had been admitted to institutions, while the remaining 24 are all in full employment, and have been, ever since leaving school. Reports indicate that they have made a successful adjustment to adult every-day life."

Broomhill Bank Special School for Educationally Subnormal Girls.

Dr. Doniger reports :—

" The aim of the work here is to educate the pupils in such a way that they can fit into their own social setting and be capable of holding a simple job on leaving. This being the case, the work at the school must be judged by the progress of the leavers.

With these pupils, learning is necessarily slow and if full benefit is to be received from their teaching, the girls should be admitted as young as possible.

Ages of Pupils	SPRING TERM			SUMMER TERM			AUTUMN TERM			INEDUCABLE	
	No. in School	No. Admitted	No. Left	No. in School	No. Admitted	No. Left	No. in School	No. Admitted	No. Left	Ascer-tained	Dis-charged
11 years	—	—	—	—	—	—	1	1	—	—	—
12 years	3	1	—	4	1	—	5	1	—	—	—
13 years	10	1	—	11	1	—	10	1	—	1	—
14 years	8	—	—	10	2	—	12	—	—	2	2
15 years	15	—	—	12	—	—	11	—	—	5	2
16 years	4	—	4	3	—	3	1	—	1	—	—
Total ...	40	2	4	40	4	3	40	3	1	8	4

Laleham House and Gap House Special Schools for delicate pupils.

Dr. Harper reports :—

" Laleham House School was opened on the 14th April, 1950, as a permanent boarding school for delicate boys between the ages of 9-16 years.

During the first term there was a roll of 41, of which 32 had been previously pupils at Wrens Warren Camp School, while the number in residence during the summer term was increased to 45.

The weight gains obtained were a satisfactory indication of the physical improvement of a majority of the boys.

Total average weight increase, 1st Term 5.25 lbs.
2nd Term 7.1 lbs.

The following table shows the number of boys who attained various weight gains, who have been grouped and correlated against the number of terms spent at Laleham House, and previously at Wrens Warren School.

Wt. gain	1st	2nd	3rd	4th	Over 4 terms
9.1 lbs.	18				
7.6 lbs.		9			
4.6 lbs.			11		
5.1 lbs.				5	
4.0 lbs.					2

These figures show the gains at the end of the 2nd term at Laleham School.

Gap House was opened on the 27th October, 1950, as a branch of Laleham House as a boarding school for delicate boys and girls of 7-9 years of age. Thirteen children were received at first, augmented by 2 during the term.

Owing to the short period during which the children were under observation, it was difficult to assess fully the benefit to health which can be expected from their stay at the School. However, the average increase in weight of 2.89 lbs. obtained by 13 of the children during 7 weeks, gave justification for the hope that after a further period of residence, their health will be greatly improved."

Medical Report on Rusthall Day Open Air School (Mixed) for 1950.

Dr. Doniger reports :—

" During 1950 the Open Air School has continued to serve the needs of the children within the vicinity of Tunbridge Wells. Transport was provided for those who came from outlying districts such as Hildenborough, Pembury, Tonbridge, etc.

Of the children in the school the majority were delicate and prone to upper respiratory or chest infection. There were highly strung children with nervous troubles, some of whom were " problems " in the popular sense. Some of the children were handicapped and these included cases of congenital heart disease, muscular dystrophy, birth palsy, disability following poliomyelitis and so on. The children got on well together and for the most part accepted their own and each other's limitation with consideration and mutual help.

	Spring Term	Summer Term	Autumn Term	Total
In School ...	70	67	66	—
Admitted ...	11	8	12	31
Discharged ...	11	13	4	28

	under 8 yrs:	Turned 8 and under 11 yrs:	Total under 11 yrs:	over 11 yrs:	Total
Number in School in Autumn Term	21	36	57 .	9	66

	Under 11 years :	Over 11 years :	Total
Discharges during year ...	10	18	28
Admissions during year ...	30	1	31

Three well-balanced meals and a rest during the day helped to strengthen the children physically and the relatively small classes enabled some individual tuition to be undertaken. Many children who had been away from school for long periods were thus able to catch up with their lessons.

During the Autumn term all the parents were invited to come and discuss their children's problems at a routine re-inspection, when the progress and notes were consolidated and entered on the permanent school medical records. The parents of all but eight of the pupils attended during the term. These interviews gave an opportunity to obtain a fairly full understanding of each individual problem, and to ensure that the best approach was made to fit each child to return to an ordinary school as soon as possible."

Mass Radiography

The Council's Mass Radiography Unit was transferred to the Regional Hospital Board on July 5th, 1948, but arrangements have been made to continue the radiological survey in schools where children of 15 years of age and over are in attendance.

During the year radiological surveys carried out of pupils in attendance at Grammar, Technical and Secondary Schools, showed the following results :—

Number examined. Males, 9,822. Females, 10,076. ... ...Total		19,898
Recalled for further examinations		407
Final results of examination. Tuberculosis	Active	8
	Inactive	44

MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1950

TABLE 6.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

	"Excepted" District of Beckenham	Bexley " "	Bromley " "	Gillingham " "	Remainder of Area	TOTAL
A—PERIODIC MEDICAL INSPECTIONS						
Number of Inspections in the prescribed Groups—						
Entrants	858	1,193	851	1,070	16,611	20,583
Second Age Group	545	1,120	787	644	17,228	20,324
Third Age Group	605	832	854	798	11,616	14,705
Total	2,008	3,145	2,492	2,512	45,455	55,612
Number of other Periodic Inspections	1,950	2,158	1,031	795	15,111	21,045
Grand Total ...	3,958	5,303	3,523	3,307	60,566	76,657
B—OTHER INSPECTIONS						
Number of Special Inspections ...	1,120	5,157	2,499	1,903	15,306	25,985
Number of Re-Inspections	343	5,011	2,240	548	50,808	58,950
Total	1,463	10,168	4,739	2,451	66,114	84,935

C—Pupils Found to Require Treatment

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)						For any of the other conditions recorded in Table 8A (3)						Total individual pupils (4)					
	"Excepted" District of Beckenham	Bexley " "	Bromley " "	Gillingham " "	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley " "	Bromley " "	Gillingham " "	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley " "	Bromley " "	Gillingham " "	Remainder of Area	Total
Entrants	2	34	19	9	114	178	159	694	58	45	2,624	3,580	160	453	77	54	2,695	3,439
Second Age Group	22	62	24	48	846	1,002	41	557	40	123	2,086	2,847	59	430	64	165	2,729	3,447
Third Age Group	41	82	41	50	544	758	74	660	40	81	1,212	2,067	113	415	81	126	1,666	2,401
Total (prescribed groups) ...	65	178	84	107	1,504	1,938	274	1,911	138	249	5,922	8,494	332	1,298	222	345	7,090	9,287
Other Periodic Inspections ...	49	229	48	52	764	1,142	341	1,562	54	30	1,961	3,948	389	1,016	102	74	2,600	4,181
Grand Total	114	407	132	159	2,268	3,080	615	3,473	192	279	7,883	12,442	721	2,314	324	419	9,690	13,468

TABLE 7.

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1950

NOTE:—All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS — No. of Defects — Requiring treatment (2)						PERIODIC INSPECTIONS — No. of Defects — Requiring to be kept under observation, but not requiring treatment (3)						SPECIAL INSPECTIONS — No. of Defects — Requiring treatment (4)						SPECIAL INSPECTIONS — No. of Defects — Requiring to be kept under observation, but not requiring treatment (5)					
		"Excepted" District of Beckenham	Bexley " " "	Bromley " " "	Gillingham " " "	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley " " "	Bromley " " "	Gillingham " " "	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley " " "	Bromley " " "	Gillingham " " "	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley " " "	Bromley " " "	Gillingham " " "	Remainder of Area	TOTAL
4	Skin	29	314	4	1	548	896	17	212	12	—	418	659	14	220	197	91	1,262	1,784	7	24	10	13	97	151
5	Eyes—a. Vision ...	114	407	132	159	2,268	3,080	7	389	135	30	1,307	1,868	52	253	118	87	1,510	2,020	12	3	33	74	202	324
	b. Squint ...	21	38	14	6	477	556	4	65	20	—	240	329	6	14	7	—	184	211	2	—	5	—	42	49
	c. Other ...	11	136	2	14	395	558	14	42	16	1	178	251	13	118	97	178	554	960	9	12	11	23	76	131
6	Ears—a. Hearing ...	20	73	2	1	227	323	9	62	17	2	349	439	13	29	4	87	141	274	21	9	5	23	48	106
	b. Otitis Media	2	22	1	1	153	179	4	26	3	1	250	284	1	49	32	—	143	225	8	7	2	—	29	46
	c. Other ...	1	37	2	13	101	154	5	94	10	1	113	233	11	26	92	—	245	374	10	4	6	—	50	70
7	Nose or Throat ...	61	414	42	195	1,630	2,342	120	723	144	170	3,332	4,489	74	363	289	56	1,446	2,228	173	88	133	54	223	671
8	Speech	8	20	8	7	138	181	10	49	10	3	335	407	14	9	13	—	144	180	5	3	5	—	39	52
9	Cervical Glands ...	6	26	1	1	104	138	25	457	9	23	1,747	2,261	1	12	7	—	92	112	14	5	8	—	81	108
10	Heart and Circulation...	5	97	1	2	208	313	27	115	31	59	461	693	4	55	22	5	105	191	25	36	26	3	57	147
11	Lungs	25	101	1	3	251	381	53	265	15	20	938	1,291	53	123	27	—	248	451	70	74	15	—	145	304
12	Developmental—																								
	a. Hernia ...	2	21	3	17	72	115	7	55	1	46	139	248	1	1	5	—	25	32	13	7	3	—	7	30
	b. Other ...	3	94	17	3	92	209	22	286	90	5	492	895	5	5	51	—	36	97	9	6	16	—	47	78
13	Orthopaedic—																								
	a. Posture ...	46	761	26	18	845	1,696	10	192	70	10	758	1,040	8	22	29	—	180	239	10	9	15	—	35	69
	b. Flat foot ...	37	558	48	17	1,072	1,732	10	148	248	1	610	1,017	14	27	62	—	234	337	5	4	41	—	40	90
	c. Other ...	87	559	25	10	1,212	1,893	31	203	64	14	765	1,077		80	189	2	547	887	49	17	35	9	103	213
14	Nervous System—													69											
	a. Epilepsy ...	6	3	—	—	37	46	12	12	1	—	87	112	1	1	—	—	28	30	27	3	2	1	20	53
	b. Other ...	4	24	1	—	51	80	27	75	12	2	179	295	2	26	30	4	104	166	21	12	16	3	46	98
15	Psychological—																								
	a. Development	6	6	1	—	137	150	6	28	4	—	352	390	2	9	18	—	117	146	7	4	26	—	90	127
	b. Stability ...	3	33	1	—	157	194	3	109	5	—	690	807	3	56	15	—	250	324	5	39	3	—	144	191
16	Other	60	302	11	55	897	1,325	106	345	59	58	918	1,486	111	340	445	558	2,518	3,972	218	202	147	311	520	1,398
	Totals	557	4046	343	523	11072	16541	529	3952	976	446	14658	20561	472	1838	1749	1068	10113	15240	720	568	563	514	2141	4506

B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Inspected						A. (Good) No.						A. (Good) % of column 2						B. (Fair) No.						B. (Fair) % of column 2						C. (Poor) No.						C. (Poor) % of column 2					
	"Excepted" District of Beckenham	Bexley " "	Bromley " "	Gillingham " "	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley " "	Bromley " "	Gillingham " "	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley " "	Bromley " "	Gillingham " "	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley " "	Bromley " "	Gillingham " "	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley " "	Bromley " "	Gillingham " "	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley " "	Bromley " "	Gillingham " "	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley " "	Bromley " "	Gillingham " "	Remainder of Area	TOTAL
(1)	(2)						(3)						(4)						(5)						(6)						(7)						(8)					
Entrants	858	1193	851	1070	16611	20583	393	404	580	929	5312	7618	45.8	33.9	68.2	86.8	32.0	37.0	440	673	264	138	9855	11370	51.3	56.4	31.0	12.9	59.3	55.2	25	116	7	3	1444	1595	2.9	9.7	0.8	0.3	8.7	7.8
Second Age Group ...	545	1120	787	644	17228	20324	300	350	545	529	5947	7671	55.0	31.3	69.2	82.1	34.5	37.7	236	669	229	101	10078	11313	43.3	59,7	29.1	15.7	58.5	55.7	9	101	13	14	1203	1340	1.7	9.0	1.7	2.2	7.0	6.6
Third Age Group	605	832	854	798	11616	14705	369	352	591	597	4171	6080	61.0	42.3	69.2	74.8	35.9	41.3	228	441	257	181	6815	7922	37.7	53.0	30.1	22.7	58.7	53.9	8	39	6	20	630	703	1.3	4.7	0.7	2.5	5.4	4.8
Other Periodic Inspections	1950	2158	1031	795	15111	21045	1020	724	692	626	5090	8152	52.3	33.5	67.1	78.8	33.7	38.7	898	1238	313	156	8958	11563	46.1	57.4	30.4	19.6	59.3	55.0	32	196	26	13	1063	1330	1.6	9.1	2.5	1.6	7.0	6.3
TOTALS	3958	5303	3523	3307	60566	76657	2082	1830	2408	2681	20520	29521	52.6	34.5	68.3	81.1	33.9	38.5	1802	3021	1063	576	35706	42168	45.5	57.0	30.2	17.4	58.9	55.0	74	452	52	50	4340	4968	1.9	8.5	1.5	1.5	7.2	6.5

TABLE 8.

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorized persons	17,341	15,921	18,535	21,881	393,466	467,144
(ii) Total number of individual pupils found to be infested	11	323	11	683	4,316	5,344
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—	—	—	2	1,407	1,409
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—	—	2	4	6

TREATMENT TABLES

NOTES.

(*a*) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(*b*) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

TABLE 9.

GROUP I.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table 8).

(*a*)	Number of cases treated or under treatment during the year											
	by the Authority						otherwise					
	"Excepted" District of Beckenham	Bexley " "	Bromley " "	Gillingham " "	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley " "	Bromley " "	Gillingham " "	Remainder of Area	TOTAL
Ringworm—(i) Scalp ...	3	—	4	2	42	51	1	—	—	1	—	2
(ii) Body	—	21	7	27	91	146	—	—	—	—	—	—
Scabies	3	3	9	—	73	88	—	—	—	—	1	1
Impetigo	1	18	36	68	516	639	—	—	—	—	2	2
Other skin diseases ...	1,040	351	397	78	2,575	4,441	15	8	11	1	17	52
Total ...	1,047	393	453	175	3,297	5,365	16	8	11	2	20	57

GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with											
	by the Authority						otherwise					
External and other, excluding errors of refraction and squint	47	12	643	16	348	1,066	9	—	—	3	12	24
Errors of Refraction (including squint) ...	876	1,797	914	289	10,625	* 14,501	24	4	—	1	108	137
Total ...	923	1,809	1,557	305	10,973	15,567	33	4	—	4	120	161
Number of pupils for whom spectacles were (a) Prescribed ...	205	455	590	201	4,173	* 5,624	—	1	—	—	29	30
(b) Obtained	120	383	423	191	† 4,288	* 5,405	—	1	—	—	14	15

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.
† Including spectacles prescribed in 1949 and obtained in 1950.

GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated											
	by the Authority						otherwise					
	"Excepted" District of Beckenham	Bexley ,, ,,	Bromley ,, ,,	Gillingham ,, ,,	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley ,, ,,	Bromley ,, ,,	Gillingham ,, ,,	Remainder of Area	TOTAL
Received operative treatment— (a) for diseases of the ear	—	—	—	—	—	—	3	3	1	—	8	15
(b) for adenoids and chronic tonsillitis ...	—	—	—	—	—	—	324	268	147	138	2,784	3,661
(c) for other nose and throat conditions ...	—	—	—	—	—	—	1	3	1	1	20	26
Received other forms of treatment	186	444	222	64	750	1,666	—	9	36	5	65	115
Total ...	186	444	222	64	750	1,666	328	283	185	144	2,877	3,817

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	11	12	—	—	53	76						
	by the Authority						otherwise					
(b) Number treated otherwise, e.g. in clinics or out-patient departments	349	629	284	2	5,858	7,122	12	2	—	54	65	133

GROUP V.—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	in the Authority's Child Guidance Clinics	elsewhere
Number of pupils treated	1,103	323

GROUP VI.—SPEECH THERAPY

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated	470	—

GROUP VII.—OTHER TREATMENT GIVEN

	Number of cases treated											
	by the Authority						otherwise					
	"Excepted" District of Beckenham	Bexley ,, ,,	Bromley ,, ,,	Gillingham ,, ,,	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley ,, ,,	Bromley ,, ,,	Gillingham ,, ,,	Remainder of Area	Total
(a) Miscellaneous minor ailments	2,315	2,578	2,413	558	8,785	16,649	—	8	—	15	120	143
(b) Other (specify)												
1. Ear Defects ...	137	179	—	—	774	1,090	—	5	—	—	—	5
2. Eye Disease ...	380	262	—	—	2,405	3,047	—	—	—	—	—	—
3. Injuries ...	—	64	—	—	3,017	3,081	—	—	—	—	—	—
4. Catarrh, Sore Throats, Colds, etc.	—	—	—	6	—	6	—	—	—	5	—	5
Total ...	2,832	3,083	2,413	564	14,981	23,873	—	13	—	20	120	153

TABLE 10.—DENTAL INSPECTION AND TREATMENT

	"Excepted" District of Beckenham	Bexley " "	Bromley " "	Gillingham " "	Remainder of Area	Total
(1) Number of pupils inspected by the Authority's Dental Officers—						
(a) Periodic age groups	4,795	2,165	172	1,796	47,136	56,064
(b) Specials...	422	677	2,296	1,434	9,794	14,623
Total (1) ...	5,217	2,842	2,468	3,230	56,930	70,687
(2) Number found to require treatment...	3,123	1,675	2,412	2,604	33,131	42,945
(3) Number referred for treatment ...	3,123	1,675	2,412	2,604	33,131	42,945
(4) Number actually treated	2,751	2,060	1,878	2,764	31,243	40,696*
(5) Attendances made by pupils for treatment	5,924	6,656	5,114	5,270	84,277	107,241*
(6) Half-days devoted to—						
Inspection	39	11	1	9	382	442
Treatment	662	670	624	493	9,641	12,090
Total (6) ...	701	681	625	502	10,023	12,532
(7) Fillings—						
Permanent Teeth	2,334	1,404	862	2,316	26,970	33,886
Temporary Teeth	1,561	275	422	861	5,796	8,915
Total (7) ...	3,895	1,679	1,284	3,177	32,766	42,801
(8) Number of teeth filled—						
Permanent Teeth	2,128	1,368	855	2,316	24,221	30,888
Temporary Teeth	1,453	270	422	861	5,787	8,793
Total (8) ...	3,581	1,638	1,277	3,177	30,008	39,681
(9) Extractions—						
Permanent Teeth	334	616	464	434	6,805	8,653
Temporary Teeth	2,099	3,501	2,491	3,150	43,637	54,878
Total (9) ...	2,433	4,117	2,955	3,584	50,442	63,531
(10) Administration of general anaesthetics for extraction	850	1,472	1,327	2,250	9,655	15,554
(11) Other operations—						
Permanent Teeth	1,759	561	534	1,100	17,249	21,203*
Temporary Teeth	875	406	706	281	9,204	11,472
Total (11) ...	2,634	967	1,240	1,381	26,453	32,675

* These figures include orthodontic work

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